

Exhibit 266 [replacing Dkt. #1964-54] attached to Plaintiffs' Memorandum of Law in Support of Motion for Partial Summary Adjudication that Defendants did not Comply with Their Duties under the Federal Controlled Substances Act to Report Suspicious Opioid Orders and Not Ship Them (Second Corrected) at Dkt. #1910-1.

Exhibit 612 [replacing Dkt. #2371-68] attached to Plaintiffs' Consolidated Memorandum in Opposition to Defendants' Motions for Summary Judgment on Plaintiffs' Civil Conspiracy, RICO and OCPA Claims at Dkt. #2182.

- Redactions withdrawn by Defendant



RNA -Threshold Change/Level 1 Form

*NOTE: Areas in **Bold** are **MANDATORY** *

Date: 4-28-10

Submitted by Steve Schmidt

Home DC

Request for threshold change Y/N? **Temp/Perm?** **Level 1 Notification?**
 Anticipated Effective Date: _____

(Attach list if necessary)

| | |
|---------------------------------------|---|
| Customer Name: <u>See list</u> | Corporate Contact Name: _____ |
| Address: _____ _____ | Title: _____ |
| | Phone: _____ |
| DEA number: _____ | Has account reached monthly threshold Y/N? <u> </u> |
| Customer Account number: _____ | Has Level One been conducted Y/N? <u> </u> |
| | If contact different than above, List here: _____ |

Provide Economost number, Description or Base Code Dosage amount or percentage

- | | |
|----------------------------------|--------------------------|
| 1. CS requested: <u>See list</u> | +/- amount <u>15.00%</u> |
| 2. CS requested: _____ | +/- amount _____ |
| 3. CS requested: _____ | +/- amount _____ |
| 4. CS requested: _____ | +/- amount _____ |
| 5. CS requested: _____ | +/- amount _____ |

Reason for requested change (BE SPECIFIC, include supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Has threshold been changed on the same product within the last three months?
2. If Yes, List dates:

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Approval/Denial Approved by:

DC Management Jake Kramer

Date: 4/28/10

Regulatory Tom McDonald

Date: 4-28-10

Home DC Reg.DC Chain License Account Name
8131 8131 815 FM0755390 585706 CVS PHCY 5305A

Base Code Description
9143 OXYCODONE

| Monthly Threshold | MTD Accumulator | Threshold % | New Threshold |
|-------------------|-----------------|-------------|---------------|
| 11000 | 10934 | 99.4 | 13000 |

MCK 000496

MCKMDL000000498

Confidential Material Exempt
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER



RNA -Threshold Change/Level 1 Form

*NOTE: Areas in **Bold** are **MANDATORY** *

Date: 1-20-10

Submitted by Steve Schmidt

Home DC

Request for threshold change Y/N? **Temp/Perm?** **Level 1 Notification?**
Anticipated Effective Date: _____

(Attach list if necessary)

| | |
|---------------------------------------|---|
| Customer Name: <u>See list</u> | Corporate Contact Name: _____ |
| Address: _____ | Title: _____ |
| _____ | Phone: _____ |
| _____ | Has account reached monthly threshold Y/N? <u> </u> |
| DEA number: _____ | Has Level One been conducted Y/N? <u> </u> |
| Customer Account number: _____ | If contact different than above, List here: _____ |

Provide Economost number, Description or Base Code Dosage amount or percentage

1. CS requested: See list +/- amount +15.00%
2. CS requested: _____ +/- amount _____
3. CS requested: _____ +/- amount _____
4. CS requested: _____ +/- amount _____
5. CS requested: _____ +/- amount _____

Reason for requested change (BE SPECIFIC, include supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Has threshold been changed on the same product within the last three months?
2. If Yes, List dates:

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Approval/Denial Approved by:

DC Management Jake Kramer

Date: 1/21/10

Regulatory Michael Oriente

Date: 1-20-10

| Home DC | Reg DC | Chain | License | Account | Name | Base Code | Description | Monthly Threshold | MTD Accumulator | Threshold % |
|---------|--------|-------|-----------|---------|----------------|-----------|-----------------|-------------------|-----------------|-------------|
| 8131 | 8131 | 815 | FM1634220 | 804082 | CVS PHCY 8944A | 9143 | OXYCODONE | 6000 | 6600 | 82.5 |
| 8147 | 8147 | 815 | BC2586949 | 839385 | CVS PHCY 9695B | 9143 | OXYCODONE | 8000 | 7100 | 88.75 |
| 8147 | 8147 | 815 | BC6694928 | 638463 | CVS PHCY 9624B | 1100 | AMPHETAMINE | 6900 | 6100 | 88.41 |
| 8147 | 8147 | 815 | BC2586329 | 819402 | CVS PHCY 8839B | 9050 | CODEINE-N-OXIDE | 7000 | 6000 | 85.71 |
| 8147 | 8147 | 815 | BC2365826 | 819116 | CVS PHCY 8812B | 2285 | PHENOBARBITAL | 5000 | 4200 | 84 |
| 8147 | 8147 | 815 | BC6460721 | 837547 | CVS PHCY 9562B | 9050 | CODEINE-N-OXIDE | 6000 | 5000 | 83.33 |
| 8147 | 8147 | 815 | BC2584628 | 829100 | CVS PHCY 9165B | 9143 | OXYCODONE | 9200 | 7600 | 82.61 |
| 8147 | 8147 | 815 | BC8753231 | 837972 | CVS PHCY 9583B | 9050 | CODEINE-N-OXIDE | 5000 | 4032 | 80.64 |
| 8170 | 8170 | 815 | BC6818352 | 842119 | CVS PHCY 9283B | 1100 | AMPHETAMINE | 5000 | 5000 | 100 |
| 8170 | 8170 | 815 | BC8231576 | 66587 | CVS PHCY 0086B | 9143 | OXYCODONE | 26400 | 26336 | 99.76 |
| 8170 | 8170 | 815 | BC6818352 | 842119 | CVS PHCY 9283B | 9143 | OXYCODONE | 16000 | 15917 | 99.48 |
| 8170 | 8170 | 815 | BC8231843 | 562908 | CVS PHCY 0017B | 1100 | AMPHETAMINE | 6000 | 5600 | 93.33 |

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MCKMDL00000500

MCK 000498

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER



Threshold Change Form

Immediate Change Request Y/N_Y

Anticipated Effective Date:4-16-09

Date:4-16-09

Customer Name: See list

Address:

— 1 —

—

—

DFA number:

Customer Account number:

Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | Provide Economic number, Description, NDC or Base Code | Change |
|--|-----------------------|
| 1. CS requested: See list | Increase amount 15% |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. _____
 2. Questionnaire and Declaration on file? Date: _____
 3. Permanent or Temporary threshold change?
 4. Has threshold been changed on the same product within the last three months?

Current Threshold

1.
2.
3.
4.
5.

Denied By:

Date:

Approved by:

DCM

Date:

Sales

Date:

Threshold Change Form CYS4-16-09.doc

MCK 000499

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CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000501



Regulatory _____

Date: _____

Threshold Change FormCVS4-16-09.doc

MCK 000500

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From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000502

| Home DC | Reg.DC | Chain | License | Account | Name | Base Code | Description | Monthly Threshold | MTD Accumulator | Threshold % | |
|---------|--------|-------|-----------|---------|----------------|-----------|-------------|-------------------|-----------------|-------------|-------|
| 8131 | 8131 | 815 | FM0755390 | 585706 | CVS PHCY 5305A | 2882 | ALPRAZOLAM | 9200 | 8000 | 86.96 | 10580 |
| 8170 | 8170 | 815 | BC8570245 | 381441 | CVS PHCY 8420B | 9300 | MORPHINE | 8050 | 8000 | 99.38 | 9257 |
| 8180 | 8180 | 815 | BC0285038 | 842985 | CVS PHCY 8624A | 9300 | MORPHINE | 6000 | 5300 | 88.33 | 6900 |

MCK 000501

MCKMDL000000503

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CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER



Threshold Change Form

Immediate Change Request Y/N Y Anticipated Effective Date: 4-17-09

Date: 4-17-09

Customer Name: See list

Address: _____

DEA number: _____

Customer Account number: _____

Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- | | |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. _____
2. Questionnaire and Declaration on file? _____ Date: _____
3. Permanent or Temporary threshold change? _____
4. Has threshold been changed on the same product within the last three months? _____

Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: _____ Date: _____

Approved by:

DCM _____ Date: _____

Sales _____ Date: _____

Threshold Change Form CVS4-17-09.doc

MCK 000502

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Regulatory _____

Date: _____

Threshold Change FormCVS4-17-09.doc

MCK 000503

Confidential Material Exempt
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000505

MCK 000504

MCKMDL00000506

| Home DC | Reg.DC | Chain | License | Account | Name | Base Code | Description | Monthly Threshold | MTD Accumulator | Threshold % |
|---------|--------|-------|-----------|---------|----------------|-----------|-------------|-------------------|-----------------|-------------|
| 8115 | 8115 | 815 | FC0865937 | 118517 | CVS PHCY 3234B | 9193 | HYDROCODONE | 11000 | 11000 | 100 |
| 8170 | 8170 | 815 | BC8570245 | 381441 | CVS PHCY 8420B | 9300 | MORPHINE | 8050 | 8000 | 99.38 |
| 8165 | 8165 | 815 | BC5359446 | 268192 | CVS PHCY 7682B | 1100 | AMPHETAMINE | 6000 | 5600 | 93.33 |
| 8165 | 8165 | 815 | BC5360932 | 88207 | CVS PHCY 7237B | 1100 | AMPHETAMINE | 7000 | 6400 | 91.43 |
| 8180 | 8180 | 815 | BC0285038 | 842985 | CVS PHCY 8624A | 9300 | MORPHINE | 6000 | 5300 | 88.33 |
| 8131 | 8131 | 815 | FM0755390 | 585706 | CVS PHCY 5305A | 2882 | ALPRAZOLAM | 9200 | 8000 | 86.96 |
| 8147 | 8147 | 815 | BC7124023 | 819155 | CVS PHCY 8814B | 9300 | MORPHINE | 6000 | 5203 | 86.72 |



Threshold Change Form

Immediate Change Request Y/N Y

Anticipated Effective Date:4-14-09

Date:4-14-09

Customer Name: See list

Address:

— 1 —

- 1 -

— 10 —

DEA number:

Customer Account number:

Provide Economost number, Description, NDC or Base Code **Change in selling unit or percentage**

- | Service/Economic number, Description, NDC or Base Code | Change |
|--|-----------------------|
| 1. CS requested: See list | Increase amount 15% |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. _____
 2. Questionnaire and Declaration on file? _____
 3. Permanent or Temporary threshold change? _____
 4. Has threshold been changed on the same product within the last three months? _____

Current Threshold

- 1.
 - 2.
 - 3.
 - 4.
 - 5.

Denied By:

Date:

Approved by:

DCM

Date:

Sales

Date:

Threshold Change Form CVS4-14-09.doc

MCK 000505

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CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000507



Regulatory Tom McDonald

Date: 4-14-09

Threshold Change Form CVS4-14-09.doc

MCK 000506

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From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000508

| Home DC | Reg.DC | Chain | License | Account | Name | Base Code | Description | Monthly Threshold | MTD Accumulator | Threshold | % Increase to |
|---------|--------|-------|-----------|---------|----------------|-----------|-------------|-------------------|-----------------|-----------|---------------|
| 8131 | 8131 | 815 | FM0755390 | 585706 | CVS PHCY 5305A | 2882 | ALPRAZOLAM | 8000 | 8000 | 100 | 9200 |
| 8147 | 8147 | 815 | BC2584527 | 831616 | CVS PHCY 9479B | 1100 | AMPHETAMINE | 7000 | 6900 | 98.57 | 8050 |
| 8170 | 8170 | 815 | BC8570245 | 381441 | CVS PHCY 8420B | 9300 | MORPHINE | 7000 | 7000 | 100 | 8050 |

MCK 000507

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

Confidential Material Exempt
From Disclosure Under FOIA

MCKMDL000000509



Threshold Change Form

Immediate Change Request Y/NY

Anticipated Effective Date:3-27-09

Date:3-27-09

Customer Name: See list

Address:

DEA number:

Customer Account number:

Provide Economost number, Description, NDC or Base Code **Change in selling unit or percentage**

- | | |
|---------------------------|-----------------------|
| 1. CS requested: See list | Increase amount 15% |
| 2. CS requested: _____ | Increase amount _____ |
| 3. CS requested: _____ | Increase amount _____ |
| 4. CS requested: _____ | Increase amount _____ |
| 5. CS requested: _____ | Increase amount _____ |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. _____
 2. Questionnaire and Declaration on file? Date: _____
 3. Permanent or Temporary threshold change?
 4. Has threshold been changed on the same product within the last three months?

Current Threshold

1.
2.
3.
4.
5.

Denied By:

Date:

Approved by:

DCM

Date:

Sales

Date:

Threshold Change Form VY3-27-09 (3) doc

MCK 000508

Confidential Material Exempt
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000510



Regulatory Tom McDonald

Date: 3-30-09

Threshold Change Form CVS3-27-09 (2).doc

MCK 000509

Confidential Material Exempt
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

MCKMDL00000511

MCK 000510

MCKMDL00000512

| DRA | Home DC | Reg.DC | Chain | License | Account | Name | Base Code | Description | Monthly Threshold | MTD | Accumulator | Threshold % |
|------|---------|--------|-------|-----------|---------|---------------------------|-----------|-----------------|-------------------|-------|-------------|-------------|
| Bill | 8115 | 8115 | 815 | BC5350385 | 213156 | CVS PHCY 6741B | 9250 | METHADONE | 7000 | 6100 | 87 | |
| Bill | 8115 | 8115 | 815 | BC5350715 | 497126 | CVS PHCY 6893B | 9143 | OXYCODONE | 8000 | 7000 | 88 | |
| Bill | 8115 | 8115 | 815 | BC5352264 | 532877 | CVS PHCY 7108B | 1100 | AMPHETAMINE | 7000 | 6300 | 90 | |
| Bill | 8115 | 8115 | 815 | BC5361100 | 253968 | CVS PHCY 7293B | 1100 | AMPHETAMINE | 9600 | 8400 | 88 | |
| Bill | 8115 | 8115 | 815 | BC5354878 | 819056 | CVS PHCY 7488B | 1100 | AMPHETAMINE | 5000 | 4950 | 99 | |
| Bill | 8115 | 8115 | 815 | BC5359244 | 884647 | CVS PHCY 7645B | 9300 | MORPHINE | 5000 | 4500 | 90 | |
| Bill | 8149 | 8149 | 815 | FM1277359 | 724109 | CVS PHCY 4997A | 1724 | METHYLPHENIDATE | 8000 | 6980 | 87 | |
| Bill | 8165 | 8165 | 815 | BC5359650 | 687730 | CVS PHCY 7742B | 1100 | AMPHETAMINE | 6000 | 5300 | 88 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 807067 | CVS LA HABRA TEST | 4187 | TESTOSTERONE | 101000 | 89260 | 88 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 807067 | CVS LA HABRA TEST | 9411 | NALOXONE | 85000 | 73440 | 86 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 829241 | CVS LA HABRA-BRAND | 4187 | TESTOSTERONE | 101000 | 89260 | 88 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 829241 | CVS LA HABRA-BRAND | 9411 | NALOXONE | 85000 | 73440 | 86 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 829297 | CVS LA HABRA-BRAND CTRL | 4187 | TESTOSTERONE | 101000 | 89260 | 88 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 829297 | CVS LA HABRA-BRAND CTRL | 9411 | NALOXONE | 85000 | 73440 | 86 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 829319 | CVS LA HABRA-REFRIGERATED | 4187 | TESTOSTERONE | 101000 | 89260 | 88 | |
| Bill | 8194 | 8194 | 936 | RC0347725 | 829319 | CVS LA HABRA-REFRIGERATED | 9411 | NALOXONE | 85000 | 73440 | 86 | |
| Dave | 8109 | 8109 | 815 | BC6397752 | 817291 | CVS PHCY 8651A | 1724 | METHYLPHENIDATE | 10120 | 9230 | 91 | |
| Tom | 8131 | 8131 | 815 | FM0755390 | 585706 | CVS PHCY 5305A | 9143 | OXYCODONE | 15600 | 13600 | 87 | |
| Tom | 8131 | 8131 | 815 | FM0755390 | 585706 | CVS PHCY 5305A | 9300 | MORPHINE | 5000 | 4300 | 86 | |
| Tom | 8147 | 8147 | 815 | BC5102506 | 819332 | CVS PHCY 8838B | 1100 | AMPHETAMINE | 6000 | 5200 | 87 | |
| Tom | 8147 | 8147 | 815 | BC2586658 | 824648 | CVS PHCY 8871B | 1724 | METHYLPHENIDATE | 9000 | 7730 | 86 | |
| Tom | 8147 | 8147 | 815 | BC2586658 | 824648 | CVS PHCY 8871B | 1100 | AMPHETAMINE | 14000 | 13450 | 96 | |
| Tom | 8147 | 8147 | 815 | BC2584539 | 828247 | CVS PHCY 9111B | 1100 | AMPHETAMINE | 7200 | 6800 | 94 | |
| Tom | 8147 | 8147 | 815 | BC2584577 | 829050 | CVS PHCY 9145B | 9193 | HYDROCODONE | 20000 | 19800 | 99 | |
| Tom | 8147 | 8147 | 815 | BC2584503 | 829112 | CVS PHCY 9173B | 9193 | HYDROCODONE | 13000 | 11248 | 87 | |
| Tom | 8147 | 8147 | 815 | BC2586648 | 839291 | CVS PHCY 9683B | 9193 | HYDROCODONE | 22000 | 19200 | 87 | |
| Tom | 8147 | 8147 | 815 | BC2586331 | 840630 | CVS PHCY 9799B | 9143 | OXYCODONE | 8000 | 6900 | 86 | |
| Tom | 8147 | 8147 | 815 | BC2586331 | 840630 | CVS PHCY 9799B | 9300 | MORPHINE | 5000 | 4508 | 90 | |
| Tom | 8147 | 8147 | 815 | BC2586177 | 840690 | CVS PHCY 9849B | 9193 | HYDROCODONE | 16100 | 14000 | 87 | |
| Tom | 8170 | 8170 | 815 | BC8231843 | 562908 | CVS PHCY 0017B | 1100 | AMPHETAMINE | 5000 | 4600 | 92 | |
| Tom | 8170 | 8170 | 815 | BC3490555 | 841568 | CVS PHCY 9232B | 9143 | OXYCODONE | 13000 | 11400 | 88 | |